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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Republic of Moldova

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of the Republic of Moldova which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $3,750,000 from general resources, subject to the availability of funds, and $5,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.3
U5MR (per 1,000 live births)	36
IMR (per 1,000 live births)	31
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	60
Literacy (% male/female) (1989)	99/94
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	55
Access to health services (%)	..
GNP per capita	$870

One-year-olds fully immunized against:

tuberculosis:	95 per cent
diphtheria/pertussis/tetanus:	86 per cent
measles:	85 per cent
poliomyelitis:	94 per cent

Pregnant women immunized against:

tetanus:	.. per cent

THE SITUATION OF CHILDREN AND WOMEN

1. As outlined in the country note for the Republic of Moldova (E/ICEF/1996/P/L.34), the transition to independence and a free market economy has proved to be a very difficult experience for the population. Over 50 per cent of families live in poverty, exacerbated by a dramatic decline in public expenditures on health, education and other social services. As a result, many people are very demoralized, particularly public sector employees. Transnistria, a region of about 700,000 people east of the Dneister River, has declared its independence from the Republic of Moldova.

2. A serious deterioration in the situation of children and women is reflected by an almost doubling of the infant mortality rate (IMR) from 16.6 per 1,000 live births in 1990 to 31 in 1994. The under-five mortality rate (U5MR) increased from 22 to 36 per 1,000 live births in the same period. The two main causes - acute respiratory infections (ARI) and perinatal complications - are attributed mainly to shortages of drugs and medical supplies caused by reductions in the health budget. Perinatal complications account for 36 per cent of infant deaths, and the rate of congenital deformities among children has risen from 14.4 per 1,000 live births in 1990 to 17.4 in 1994. Seventy per cent of children under the age of three months are breast-fed. The practice is encouraged at hospitals, but doctors indicate that it is quickly abandoned at home. The maternal mortality rate (MMR), which decreased from 52 per 100,000 live births in 1993 to 26 in 1994, increased dramatically to 40 in 1995 due mainly to complications from abortions and post-labour haemorrhaging. Anaemia is estimated to affect nearly 50 per cent of pregnant women.

3. Immunization coverage for infants reached 97 per cent for all antigens in 1995. A massive anti-diphtheria campaign, which began in 1995 and continued in 1996, has led to a decline in the number of cases of the disease.

4. Government funding for the estimated 15,000 institutionalized children has been reduced due to the economic crisis. The Government recognizes their problems, and a revision of national policy on the institutionalization of children is expected following completion of a study in 1996.

5. The education system is being reshaped to meet the needs of the fast-changing Moldovan society, but the process is slow due to limited resources. With staff costs consuming most of the budget, little remains for educational development. The Republic of Moldova's achievement of near universal literacy is threatened as thousands of children are kept out of school to work because of the economic hardship being faced by their families. The appearance of street children since the early 1990s is a new social problem. Recently, over 500 street children were placed temporarily in homes or institutions, but their numbers continue to grow. Adolescent crime has shown a steady annual increase since 1989.

6. The "State Programme on the Rights of the Child", prepared in accordance with the Convention of the Rights on the Child, was approved by parliamentary decree. However, government budget problems constrain its implementation to a significant extent.

PROGRAMME COOPERATION, 1995-1996

7. The first UNICEF-assisted programme, covering the period 1995-1996, was approved by the Executive Board in May 1995 (E/ICEF/1995/P/L.31). The programme concentrated initially on the provision of supplies and equipment to help fill the gaps caused by the breakdown in the health and education systems. Accordingly, funds were utilized to support the expanded programme on immunization (EPI), which achieved almost total coverage of infants for all antigens in 1995. Basic drugs and medical supplies were provided to rural hospitals and maternities in 10 districts with the highest IMR and MMR. Training enabled district-level doctors to understand and apply World Health Organization (WHO) standards of practice for immunization and the treatment and prevention of diarrhoeal diseases and ARI. UNICEF has supported the health reform process and the promotion of breast-feeding, salt iodization and safe motherhood. Emergency funding in 1995 supported mass immunization to control one of the largest outbreaks of diphtheria in the Commonwealth of Independent States (CIS). In education, UNICEF provided learning materials and teaching manuals for preschools. UNICEF also assisted an innovative early childhood education programme based on a model developed in Romania.

Lessons learned

8. The main lesson learned in the first period of programme cooperation is that the initial strategy of helping to sustain health and education services with supplies and equipment was an important factor in establishing UNICEF credentials as a reliable partner in a time of crisis. The Government-UNICEF partnership should be expanded upon in the new programme to improve the course of social sector reforms. A service delivery strategy will remain important, but will be accompanied by an emphasis on advocacy related to policy reform and the redevelopment of capacity so as to achieve a greater long-term improvement

in the situation of children. In this regard, the country's good human resources and infrastructure provide a firm foundation for cost-effective and innovative strategies. Another lesson learned is that there is considerable scope for strengthening programme impact through more imaginative uses of the country's relatively sophisticated media network.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	1999	2000	2001	Total
General resources						
Primary health care	343	337	308	310	315	1 613
Information, education and communication	125	125	125	125	125	625
Planning and social statistics	25	25	25	25	25	125
Programme support	257	263	292	290	285	1 387
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Primary health care	650	650	650	650	650	3 250
Information, education and communication	350	350	350	350	350	1 750
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Total	1 750	1 750	1 750	1 750	1 750	8 750

9. Since it commenced operations in mid-1995, one of the main activities of the new UNICEF office in the Republic of Moldova has been to work with the Government and other partners to prepare the present five-year programme of cooperation. Thus, as a preliminary step, a situation analysis was undertaken to pinpoint priority areas for programme cooperation. In addition, there were regular consultations, individually and collectively, with all the main partners, culminating in the formulation of a programme strategy presented as a country note to the January 1996 regular session of the Executive Board. Following the Board's review of the country note, the process of programme preparation was carried through to completion.

Programme objectives and strategies

10. The general objective of the country programme is to increase the survival chances of Moldovan children and improve their quality of life. The specific objectives are to: (a) arrest the increasing IMR and U5MR, as well as MMR, and aim for a 25 per cent reduction of 1995 rates by the year 2001; (b) strengthen the health delivery system while simultaneously developing more cost-effective

and efficient means of primary health care (PHC) delivery; (c) prevent any further decline in the quality and accessibility of primary and preschool education, and promote reforms appropriate to the needs of a changing Moldovan society; and (d) promote implementation of the Convention on the Rights of the Child and the formulation of a national programme of action (NPA) for children and women.

11. A capacity-building strategy, based on the country's achievements and its highly developed human and physical resource base, will form the cornerstone of the country programme. This will require staff retraining and reorientation; the introduction of new, more cost-effective management systems; and policy reform in all social sectors. Experience gained in other CIS and Central and Eastern European countries will be analysed and adapted for use in the Republic of Moldova. A service delivery strategy will be necessary to sustain basic services for children while reforms are formulated and tested. As the country programme progresses, and as more cost-effective practices and cost-recovery schemes enable wider application of government budget resources, it is anticipated that the supply component of UNICEF assistance will gradually diminish in favour of more assistance to policy dialogue. As virtually every Moldovan household has a radio and television set, a strategy of empowerment through the use of the broadcast media to convey knowledge for better living will be employed. Advocacy strategies will be integrated into each programme, featuring, as appropriate, mobilization of political and religious leaders and institutions, non-governmental organizations (NGOs), the media and other sectors of society.

12. The principal programmes will be PHC; information, education and communication (IEC), which includes a component on children in especially difficult circumstances; and planning and social statistics. In addition, there is a budgetary allocation for programme support. Supplementary funds will be used primarily to strengthen the service delivery components of PHC and IEC.

Primary health care

13. To help fill supply gaps and support the prime objective of arresting the rise in IMR and U5MR, UNICEF will continue to provide supplies and equipment for each component of the PHC programme. The level of supplies will be closely tied to developments in the health reform process, and a gradual reduction is anticipated as reforms in health financing take effect. The distribution of medical kits, especially packed for health centres, maternities and hospitals, will be accompanied by training and orientation in WHO-recommended prescription and treatment protocols for hospital and clinic staff.

14. UNICEF will continue to provide vaccines for EPI on a declining scale, so that by the end of the programme period the Government will have assumed most of the costs. To ensure synchronization of inputs, close coordination will be maintained with the Ministry of Health, the United States Agency for International Development/BASICS, the Government of Japan and other partners active in EPI. Needles, syringes and other supplies and equipment will continue to be provided, along with training in proper sterilization and safe injection techniques, syringe destruction and effective stock management.

15. In the area of health reform, UNICEF, in conjunction with the European Union and WHO, will support surveys on health expenditures and promote the introduction of more cost-effective practices in the health care system. Technical assistance will also be provided for the development of an essential

package of free health care for children, and pregnant and lactating women. The creation of a family doctor practice with an emphasis on public health and maternal and child health care will be supported in collaboration with the medical university.

16. In order to reverse the increasing trend in MMR, support will be given to research and training for safe motherhood, particularly in prenatal care and maternity ward management at national and regional levels. As perinatal complications continue to be the major cause of both IMR and MMR, the supply of maternity kits will cover more maternity hospitals and wards. Public education on safe motherhood practices, family spacing and reproductive health will be supported, in partnership with the United Nations Population Fund (UNFPA), through the development and dissemination of appropriate messages.

17. ARI, the second leading cause of infant mortality, will be addressed through the implementation of a national ARI programme based on the national policy for the control of diarrhoeal diseases/ARI adopted in early 1996. This will include periodic training for district-level personnel and the provision of ARI kits to peripheral health units. UNICEF will promote oral rehydration therapy, ensure a continuing supply of oral rehydration salts (ORS) and support plans for local ORS production. Assistance will also be given to a study of diarrhoeal diseases to better address their causes and effects.

18. With the aim of increasing exclusive breast-feeding rates to 90 per cent of infants under the age of four months, training courses for the establishment and maintenance of baby-friendly hospitals will be carried out. In addition, intensive use will be made of the mass media at national and local levels to sensitize families to both the health and economic benefits of breast-feeding. Medical staff will receive advocacy materials, including scientific publications translated into Romanian and Russian.

19. Since all of the country's salt is imported, the issue of iodine deficiency disorders (IDD) is being addressed through the introduction of legislation requiring that all imported salt be iodized. Simultaneously, UNICEF is cooperating with the Ukraine, the main supplier, to ensure that only iodized salt is exported to the Republic of Moldova. Assistance will be provided to monitor the content of iodine in salt, as well as the prevalence of IDD in endemic areas. The latter will be part of a national surveillance system that keeps track of all nutritional problems, including anaemia, and vitamin A and D deficiencies.

Information, education and communication

20. A core element of the programme will be the implementation of information and communication strategies designed to take advantage of the good media network in the Republic of Moldova. Accordingly, messages will be developed to heighten the sensitivity of political leaders, parliamentarians, government officials, NGOs, and religious and other groups to highlight the need for placing children high on the country's development agenda. The mobilizing government framework will be the State Programme on the Rights of the Child, based on the Convention on the Rights of the Child, and the NPA for implementing the World Summit for Children goals.

21. UNICEF will work closely with the Ministry of Education to introduce and develop an interdisciplinary perspective into the training curriculum of early childhood and primary school educators, health personnel and social workers.

Teaching and learning materials will be designed and incorporated into national training systems using lessons learned from UNICEF experience in Romania. In order to fill the vacuum caused by the closure of over one third of the country's kindergartens, support will be given to the Ministry of Education for the creation of learning centres where parents can acquire the information and skills necessary to prepare their children for school entry.

22. Special attention will be given to institutionalized children, one of the most vulnerable groups in the country. A 1996 study into the causes and effects of institutionalization on children resulted in recommendations for improving their living conditions. UNICEF, in partnership with the relevant government ministries, the Peace Corps, the European Union and various NGOs, will work on defining a programme for improving the situation of these children, especially through approaches aimed at preventing and providing alternatives to institutionalization.

Research, monitoring and evaluation

23. Collaboration will continue with the Moldova National Department of Statistics and the International Child Development Centre in Florence for the production of the regional monitoring reports, known as "MONEE", which document changes in human conditions during the transition period. Support will be provided to strengthen capacity for the collection and analysis of data on social indicators and for monitoring the country programme and NPA goals. Regular field visits will be undertaken to assess programmes and help make necessary adjustments. Annual review meetings with the Government and other partners will monitor progress and evaluate performance. A mid-term programme review will be held in 1999.

Collaboration with other partners

24. Effective implementation of the new programme will require close collaboration with other agencies in the country. Important partners will be the World Bank, the United Nations Development Programme, the European Union through TACIS (Technical Assistance for the CIS) and ECHO (European Community Humanitarian Office), all bilateral agencies, as well as NGOs and private sector entities. Cooperation will continue with WHO on the control of diarrhoeal diseases/ARI, EPI and health reforms, and with UNFPA on safe motherhood and reproductive health. Children in especially difficult circumstances will be addressed in cooperation with a consortium of agencies. Apart from individual contacts and health sector meetings, fund-raising opportunities are pursued at a monthly donors' meeting, which is attended by all international agencies and embassies represented in the Republic of Moldova.

Programme management

25. The UNICEF office in the Republic of Moldova, which is headed by an international programme officer, will maintain a staff of eight persons. The office will be assisted, as required, by short-term consultants, mainly for research and training . The principal challenge faced by the office in the new programme will be to consolidate the gains and sustain the momentum achieved in the first programme of cooperation.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MOLDOVA
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	1,613			1,613	0	0	0	0	0	0	0	1	0	1	0.0	68.8	68.8
INF., ED. AND COMM.	625			625	0	0	0	0	0	0	0	1	0	1	0.0	59.8	59.8
PLANNING AND SOCIAL STATISTICS	125			125	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	1,387			1,387	0	0	0	1	0	0	1	1	4	6	712.2	176.7	888.9
TOTAL GR	3,750			3,750	0	0	0	1	0	0	1	3	4	8	712.2	305.3	1,017.5
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE		0	3,250	3,250	0	0	0	0	0	0	0	0	0	0	50.0	0.0	50.0
INF., ED. AND COMM.		0	1,750	1,750	0	0	0	0	0	0	0	0	0	0	50.0	0.0	50.0
PLANNING AND SOCIAL STATISTICS		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	5,000	5,000	0	0	0	0	0	0	0	0	0	0	100.0	0.0	100.0
TOTAL GR & SF	3,750	0	5,000	8,750	0	0	0	1	0	0	1	3	4	8	812.2	305.3	1,117.5
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			0.0													
	Staffing				0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
GRAND TOTAL (GR+SF+ADM)					0	0	0	1	0	0	1	3	4	8	812.2	305.3	1,117.5
	Number of posts and staff costs:																
	Current programme cycle																
	At the end of proposed programme cycle (indicative only)										1	1	1	3			
											1	3	4	8	812.2	305.3	1,117.5

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.